

L17000083145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

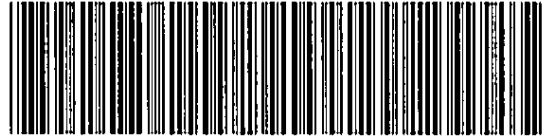
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALLUZ DISTRIBUTION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA PARDO

Name of Person

TAX SOLUTIONS & BOOKKEEPING LLC

Firm/Company

6220 S ORANGE BLOSSOM TR. STE 100

Address

ORLANDO, FL. 32809

City/State and Zip Code

CLAUDIA.TAXSOLUTIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA PARDO

407 9300829

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SALLUZ DISTRIBUTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 13, 2017 and assigned Florida document number L17000083145.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13000 BREAKING DAWN DR #141

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL. 32824

Enter new mailing address, if applicable:

13000 BREAKING DAWN DR #141

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL. 32824

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANDERSON P SARAIVA

New Registered Office Address:

13000 BREAKING DAWN DR #141

Enter Florida street address

ORLANDO

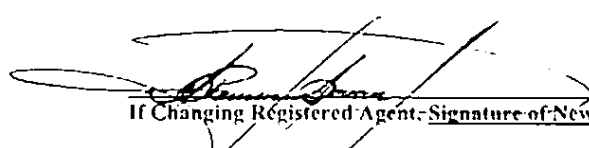
City

, Florida 32824

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent: Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR= Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BHUPINDER S HEER	Rua Joao Carrari 0722, JD Olinda	<input type="checkbox"/> Add
		Artur Nogueira, SP 13160	<input type="checkbox"/> Remove
		Brazil	<input checked="" type="checkbox"/> Change
AMBR	ANDERSON P SARAIVA	13000 Breaking Dawn Dr # 141	<input type="checkbox"/> Add
		Orlando, FL 32824	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
AMBR	DEBORA C CALAIS	13000 Breaking Dawn Dr # 141	<input type="checkbox"/> Add
		Orlando, FL 32824	<input type="checkbox"/> Remove
		US	<input checked="" type="checkbox"/> Change
AMBR	MARINALDE N BARNABE	Rua Joao Carrari 0722, JD Olinda	<input type="checkbox"/> Add
		Artur Nogueira, SP 13160	<input type="checkbox"/> Remove
		Brazil	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN NUMBER: 82-1527779

E. Effective date, if other than the date of filing: 10/17/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/17, 2017

Signature of a member of a

ANDERSON/P SARAIVA

Typed or printed name of signee